

Patent
Attorney Docket No. 032693-114

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

RECEIVED
CENTRAL FAX CENTER

OCT 03 2005

In re Patent Application of

Franklin C. Simon et al.

Application No.: 10/804,299

Filing Date: March 19, 2004

Title: TIME-BASED DISABLEMENT OF EQUIPMENT

Group Art Unit: 3629

Examiner: MICHAEL J. FISHER

Confirmation No.: 7817

AMENDMENT/REPLY TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Enclosed is a reply for the above-identified patent application.

☒ A Petition for Extension of Time is also enclosed.☐ Terminal Disclaimer(s) and the ☐ \$65.00 (2814) ☐ \$130.00 (1814) fee per
Disclaimer due under 37 C.F.R. § 1.20(d) are also enclosed.☒ Also enclosed is/are :
Petition for Extension of Time (1 page):
Amendment (18 pages):☐ Small entity status is hereby claimed.☐ Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the
☐ \$395.00 (2801) ☐ \$790.00 (1801) fee due under 37 C.F.R. § 1.17(e).☐ Applicant(s) requests that any previously unentered after final amendments not be entered.
Continued examination is requested based on the enclosed documents identified above.☐ Applicant(s) previously submitted _____
_____ on _____
for which continued examination is requested.☐ Applicant(s) requests suspension of action by the Office until at least _____,
which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R.
§ 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.☐ A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (1809/2809) is also
enclosed.**Buchanan Ingersoll PC**
ATTORNEYS

Including attorneys from Burns Doane Swecker & Mathis

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(8/05)

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- ☒ No additional claim fee is required.
- ☐ An additional claim fee is required, and is calculated as shown below.

AMENDED CLAIMS					
	No. of Claims	Highest No. of Claims Previously Paid For	Extra Claims	Rate	Additional Fee
Total Claims		MINUS =	0	x \$50.00 (1202) =	\$ 0.00
Independent Claims		MINUS =	0	x \$200.00 (1201) =	\$ 0.00
If Amendment adds multiple dependent claims, add \$360.00 (1203)					
Total Claim Amendment Fee					\$ 0.00
<input type="checkbox"/> Small Entity Status claimed - subtract 50% of Total Claim Amendment Fee					\$ 0.00
TOTAL ADDITIONAL CLAIM FEE DUE FOR THIS AMENDMENT					\$ 0.00

- ☐ A check in the amount of _____ is enclosed for the fee due.
- ☐ Charge _____ to Deposit Account No. 02-4800.
- ☐ Charge _____ to credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BUCHANAN INGERSOLL PC

P.O. Box 1404
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By



M. David Ream

Registration No. 35,333

Date: 03 October 2005

I hereby certify that this correspondence is being submitted by facsimile transmission to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, to the following facsimile number:

Facsimile Number: 703 872 9306

Date of Transmission: 03 October 2005

M. David Ream

Typed Name:

Buchanan Ingersoll PC

ATTORNEYS

Including attorneys from Burns Doane Swecker & Mathis

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In re Patent Application of

Franklin C. Simon et al.

Application No.: 10/804,299

Filed: March 19, 2004

For: TIME-BASED DISABLEMENT OF
EQUIPMENT) **Mail Stop Amendment**

) Group Art Unit: 3629

) Examiner: MICHAEL J. FISHER

) Confirmation No.: 7817

OCT 03 2005

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated 01 April 2005, please amend the
above-identified patent application as follows: